City of WeyauwegaPatrick Wetzel, City Administrator 109 E. Main St., P.O. Box 578 Weyauwega, WI 54983

(920) 867-2630 FAX (920) 867-2635

(Pre-Employment Questions	naire) APP .	<u>LICATION FOR E</u>	<u>EMPLOYMENT</u>	(An I	Equal Opportunity	Employer)		
PERSONAL INFORMA	ATION							
Name								
	Last	First	Middle					
Present Address								
	Street	City	State		Zip			
Permanent Address								
(if different than above)		City	State		Zip			
Phone No()			Are you 18 years of	f age or older?	e or older? Yes No			
preceding a question,	thereby indicating tha	er any of the questions at the information is rec er legally permissible rea	quired for a bona fid					
☐ Height Fee	t Inches 🗹 A	Are you prevented from	lawfully becoming en	mployed in the U	.S.? Yes _	No		
☐ WeightLb	os.	Date of Birth *						
☐ What Foreign Lan	Read/Write							
		misdemeanor within the						
Describe:	•		·					
	ion in Employment A	Act of 1967 prohibits dis	scrimination on the b	asis of age with	respect to indivi	 duals who		
are at least 40 but less	1 0	iot or 1507 promons on	,	usis of uge with	respect to marris			
		ly because of a convicti	on record, unless the	offense is relate	d to the job for v	which you		
have applied.	. ,		•		,			
EMPLOYMENT DESI	RED							
Position		Date yo	ou can start	Salary I	Desired			
Are you currently employ			may we contact your					
Have you applied to this								
			*No. of	*Did You				
EDUCATION	Name/Loc	cation of School	Years	Graduate?	Subjects Stu	ıdied		
			Attended					
Grammar School								
Grammar School								
High School								
-								
College								
Trade, Business or								
Correspondence School								
*The Age Discrimination	in Employment Act	of 1967 prohibits discri	imination on the basis	s of age with resr	ect to individua	ls who are		
at least 40 but less than 7		F		8				
GENERAL – Subjects o	f Special Study or Re	search Work						
II C Military or			Present Membership in					
U.S. Military or Naval Service		Rank	National Guard or Reserves					

		our employers, starting	with the last one	first)			
Month & Year From	Employer Name/Address		Salary		Position	Reason for Leaving	
То							
From							
То							
From							
То							
From							
То							
DEFEDENCES			1 1	1 .			
	(List three people not Business	t related to you whom y Ad	ou have known at Idress	least or	ne year) Phone Number	Years Acquainted	
	2 d d m e d d				T MONO T (MINO)	Tomb Hoquanica	
PHYSICAL REC	C ORD – Do you hav	e any physical limitation	ons that preclude y	ou from	performing any worl	for which you are being	
considered?	Yes □ No If	Yes, what can be done	to accommodate v	our limi	itation?		
considered.	res = 100 m	res, what can be done	to accommodate y	our min			
In Case of Emons	anar Natify						
In Case of Emerg	ency Notify						
						e and understand that, in the statements contained	
						oyment and any pertinen	
information they furnishing same to		or otherwise, and rele	ease all parties fro	om all l	liability for any dam	age that may result from	
rurmsming same o	o you.						
		y employment is for no vithout any prior notice		nd may,	regardless of the date	e of payment of my wages	
Signature					Date		
		DO NOT WRI	TE BELOW TH	IS LIN	E		
Interviewed by				Data			
Salary/Wage		Date Re	eporting to Work _				
Approved by:	1. Employment Ma	anager					
		nd					

This form has been designed to strictly comply with State and Federal Fair Employment Practice laws prohibiting employment discrimination. This Application for Employment form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal law.

3. General Manager _____